

DELAWARE BOARD OF NURSING

861 SILVER LAKE BOULEVARD
CANNON BUILDING, SUITE 203
DOVER, DELAWARE 19904
302.744.4500 Fax 302.739.2712
Website: www.professionallicensing.state.de.us

Date Stamp

FOR OFFICE USE ONLY

LIC. FEE _____

DDB #1 _____ DDB#2 _____

R. _____ V. ☐ T. _____

CCL EXPIRES _____

Nursys Verification ? _____

APPLICATION FOR STATE LICENSURE AS A REGISTERED OR LICENSED PRACTICAL NURSE BY ENDORSEMENT OR EXAMINATION DO NOT COMPLETE THIS FORM IF YOU HAVE BEEN LICENSED IN DELAWARE PREVIOUSLY.

SECTION 1: PERSONAL INFORMATION (PLEASE PRINT OR TYPE ALL INFORMATION)

Name _____
Last Name First Name M. I. Maiden Name

Other Names Used _____

Current Address _____
Street City State Zip Code

Social Security Number _____ Telephone Number(s) _____

E-Mail Address _____

➤ DECLARATION OF PRIMARY RESIDENCE

I Hereby declare my State of Primary Residence to be _____.

- You **MUST** attach a photocopy of your driver's license or identification card issued by the State Division of Motor Vehicles on the page provided.

Name of High School Attended _____

Address _____
Street City State Zip Code

Year Entered _____ Year Graduated _____ GED/Year Obtained _____

Name of Institution Conducting Nursing Program _____

Address _____
Street City State Zip Code

Date of Entrance into Nursing Program _____ M/YR Date of Graduation _____ M/YR

Type of Program:

Baccalaureate Degree _____

Associate Degree _____

Diploma _____

P.N. Program _____

Other Degrees Obtained _____

If graduate of non-United States
nursing education program:

CGFNS # _____

Certificate Date _____

M/D/YR

SECTION 3: LICENSURE HISTORY

1.) Have you ever applied to take an examination for Registered or Practical Nurse licensure and been denied?

[] NO [] YES If yes, in which state(s) _____ When _____

2.) Have you ever taken an examination for Registered or Practical Nurse licensure and failed?

[] NO [] YES If yes, in which state(s) _____ When _____

SECTION 3: LICENSURE HISTORY (Continued)

3.) State in which licensed by examination _____

License Number _____ Year Issued _____

4.) State(s) in which currently or previously licensed _____

5.) Has any license to practice nursing ever been surrendered, suspended, revoked, probated, or otherwise disciplined? ☐ NO ☐ YES If yes, in what state(s)? _____

6.) Is any license to practice nursing currently under investigation? ☐ NO ☐ YES If yes, in what state(s)? _____

7.) Have you ever been denied licensure in Delaware or any state? ☐ NO ☐ YES If yes, in what state(s)? _____

8.) Have you ever been convicted of or entered a plea of guilty or nolo contendere (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction?
☐ NO ☐ YES If yes, submit a certified copy of your criminal history record.

9.) Are you now dependent upon the use of alcohol, stimulants, or habit-forming drugs? ☐ NO ☐ YES

If you answered yes to questions 5-9, please explain below and attach the corresponding legal documents _____

SECTION 4: NURSING EMPLOYMENT HISTORY

List all nursing employers in the past five years where you have practiced as a licensed nurse.

DATE(S) M/YR - M/YR	EMPLOYER(S)	COMPLETE ADDRESS(ES) Street, City, State

ATTACH A PHOTOCOPY OF YOUR CURRENT NURSING LICENSE on the page provided. Your license from other State must be current throughout the entire endorsement process.

REQUIREMENTS FOR LICENSURE: The Law Regulating the Practice of Nursing in the State of Delaware, Title 24, Delaware Code, § 1910 & 1914, states that – “An applicant for a license to practice as a registered or licensed practical nurse shall submit to the Board written evidence, that such applicant:

- ♦ Is a graduate of, and holds a certificate from a State Board of Nursing approved nursing education program;
- ♦ Demonstrates competence in English related to nursing;
- ♦ Must show evidence of an earned high school diploma or its equivalent;
- ♦ Is in satisfactory physical and mental health as is consistent with the Americans with Disabilities Act;
- ♦ Has committed no acts which are grounds for disciplinary action as set forth in subsection (a) of § 1922 of this title, or if such act has been committed the Board has found after investigation that sufficient restitution has been made; and
- ♦ If seeking licensure by endorsement, demonstrates active employment in nursing in the past five years, or satisfactory completion of a refresher program with an approved agency within two years prior to filing an application. In the event no refresher course is available the Board may consider alternate methods of evaluating current knowledge in nursing.”

PRACTICE REQUIREMENT - Effective July 1, 1985, the Delaware Board of Nursing instituted a practice requirement. I meet the practice requirement because I have (You must check at least one):

- ☐ Practiced nursing AT LEAST 1,000 hours in the past five years, or
☐ Practiced nursing AT LEAST 400 hours in the past two years, or
☐ Completed Refresher Course in the past two years (submit proof), or
☐ Completed alternate supervised practice plan (submit evaluation), or
☐ Graduated from a State Board of Nursing approved nursing education program within the last two (2) years.
☐ None of the above. (Please attach written explanation)

APPLICATION FOR TEMPORARY PERMIT

Complete the temporary permit section **ONLY** if employment has been offered. **DO NOT BEGIN EMPLOYMENT OR ORIENTATION WITHOUT A TEMPORARY PERMIT OR DELAWARE LICENSURE. ADVANCED PRACTICE NURSES MUST COMPLETE AN ADDITIONAL APPLICATION.**

Employer: _____

Date to begin (mm/dd/yy): _____

Employer/Contact Name: _____ Employer Phone Number: _____

Permits are processed within 7 business days from the date of receipt of a completed application. Permits are mailed to the applicant and cannot be obtained at the Nursing Board office.

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

ALL APPLICATIONS MUST BE NOTARIZED

The Law Regulating the Practice of Nursing in the State of Delaware, Title 24, Delaware Code, § 1922, (a) "Grounds for Discipline", The Board may revoke or suspend any license to practice nursing, refuse a license or relicensing or otherwise discipline a licensee upon proof that a licensee or former licensee: 1. "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing."

The applicant being duly sworn says that he/she is the person referred to in the foregoing application for licensure as registered/licensed practical nurse in the State of Delaware; that he/she meets the requirements for licensure; that the statements therein contained are true and that he/she has read and understands this affidavit.

COUNTY OF _____ STATE OF _____

 APPLICANT'S SIGNATURE

Sworn before me this _____ day of _____, 20____

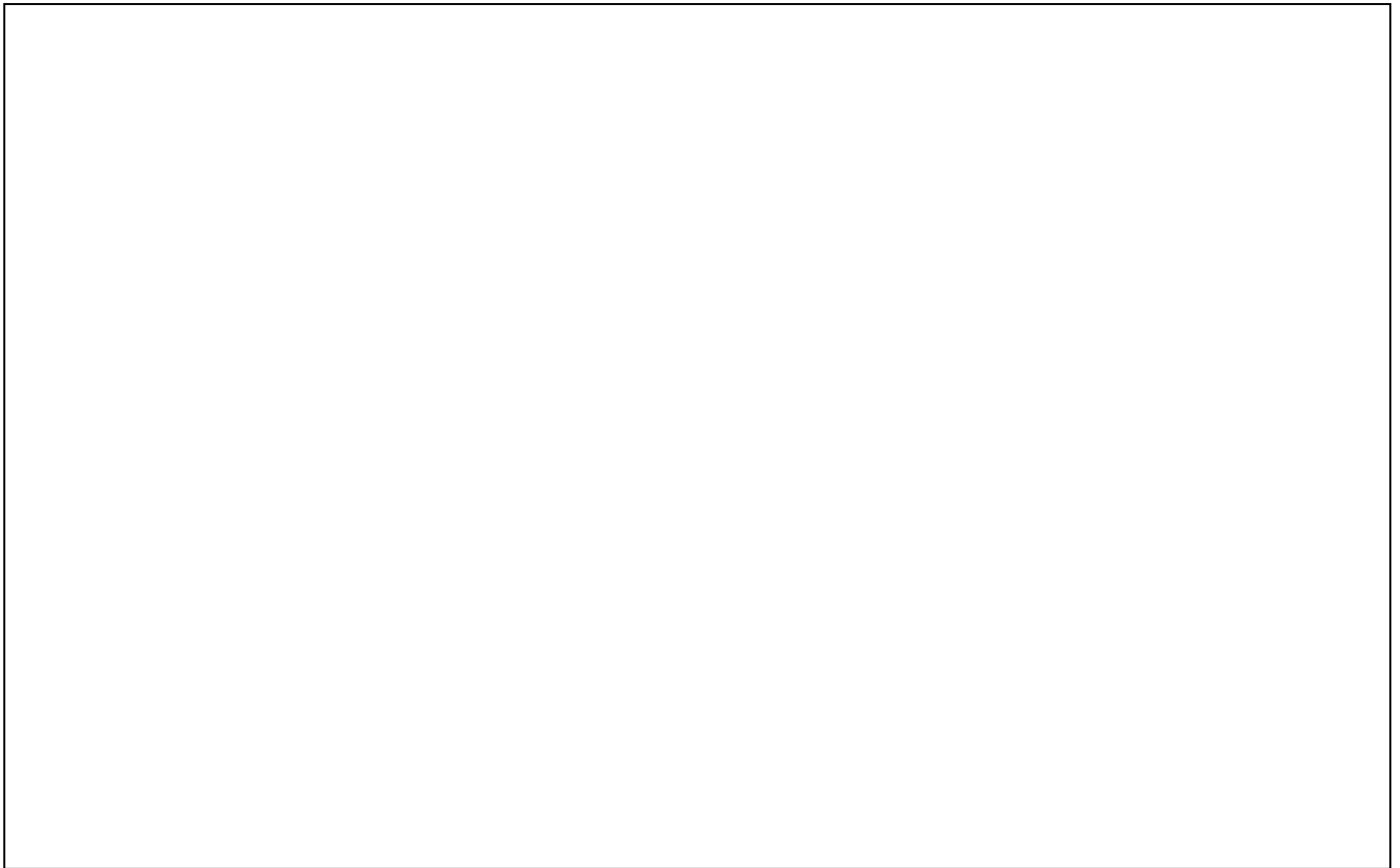
 Date Commission Expires: _____

Notary Public

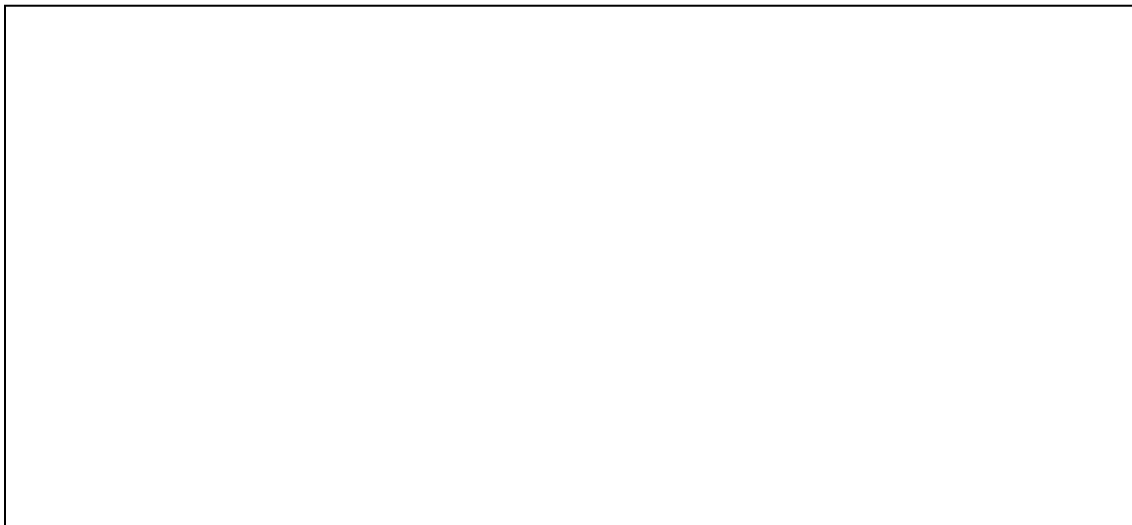
(SEAL)

Licenses

Place a copy of your current **nursing license** from another jurisdiction here.

A large, empty rectangular box with a thin black border, intended for pasting a copy of a nursing license from another jurisdiction.

Place a copy of your driver's license or identification card issued by the State Division of Motor Vehicles here.

An empty rectangular box with a thin black border, intended for pasting a copy of a driver's license or identification card issued by the State Division of Motor Vehicles.

DELAWARE BOARD OF NURSING

861 SILVER LAKE BLVD., SUITE 203, DOVER, DELAWARE 19904
(302) 744-4515 (302) 744-4516 FAX (302) 739-2712

ENDORSEMENT/NURSE LICENSURE COMPACT INSTRUCTIONS

(If you have ever been licensed in Delaware before, do not complete the endorsement application. Contact the Board office for a reinstatement application.)

1. Complete pages 1, 2, and practice requirement and affidavit on page 3. If you plan to begin employment in Delaware **or are a Delaware resident employed as a nurse in a compact State**, before the endorsement process is completed (6-8 weeks), complete the application for a temporary permit on page 3. Do not begin orientation or employment without assignment of a temporary permit number. A fee of \$30.00 is assessed for each temporary permit. There are no fees for permit extensions.
2. Attach a photocopy of your current nursing license to page 2. If there is a signature section on your license, please sign it before copying. Your license from another state must remain current throughout the entire endorsement process, **except for applicants endorsing from another nurse licensure compact state.**
3. Please read affidavit section carefully. You must have the application notarized on page 3. It must be signed in front of the Notary.
4. Attach a copy of your driver's license or official identification card from the Division of Motor Vehicles.
5. Return the application with all non-refundable fees. Please refer to the fee schedule for the appropriate licensure fee.
6. a. Forward the Verification of State Licensure form to the Board of Nursing in the state where you were licensed by examination. Note: you need to contact that state to determine if there is a fee.

b. If your original state indicates that they do not verify licensure, please complete the "NURSYS verification form and submit to the National Council of State Boards of Nursing.
7. Complete the front side of the reference request form and forward it to your most recent nursing employer(s) who comprise the most recent six months of nursing practice.. They must send the form directly to the board office.
8. Advanced Practice Nurses need to complete an additional application.

Please refer to the fee schedule on the opposite side of this form.

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TO: APPLICANTS FOR LICENSURE BY ENDORSEMENT

FROM: Iva J. Boardman, RN, MSN, Executive Director
Delaware Board of Nursing

RE: Application Fee Schedule and Instructions

DATE: Effective as of July 1, 2006

Applicants for licensure by endorsement please remit the prorated fee as listed below for the month that you are submitting your application. Make your check or money order payable to the "The State of Delaware."

Please be aware that licensure is given only for the remainder of the current licensure biennium. RN's renew in odd years (2007, 2009, etc.) and LPN's in even years (2008, 2010, etc.)

There is a fee of \$30.00 for each temporary permit request, in addition to the processing fee. There is no charge for permit extensions.

REGISTERED NURSE:

(Licensure thru 9/30/07)

July, 2006	\$57.00
August, 2006	\$54.00
September, 2006	\$50.00
October, 2006	\$46.00
November, 2006	\$42.00
December, 2006	\$38.00
January, 2007	\$35.00
February, 2007	\$31.00
March, 2007	\$27.00
April, 2007	\$23.00
May, 2007	\$19.00
June, 2007	\$16.00

LICENSED PRACTICAL NURSE:

(Licensure Thru 2/28/08)

July, 2006	\$76.00
August, 2006	\$73.00
September, 2006	\$69.00
October, 2006	\$65.00
November, 2006	\$61.00
December, 2006	\$57.00
January, 2007	\$54.00
February, 2007	\$50.00
March, 2007	\$46.00
April, 2007	\$42.00
May, 2007	\$38.00
June, 2007	\$35.00

To determine the correct processing fee for your license type, please find the month in which your application will either be postmarked by the mailing source or hand-delivered to the board office at the Division of Professional Regulation.

CURRENT LICENSURE IN ANOTHER STATE IS REQUIRED THROUGHOUT THE ENTIRE ENDORSEMENT PROCESS, UNLESS YOU ARE LICENSED IN A NURSE LICENSURE COMPACT STATE.

Please contact the Board office at (302) 744-4515 or (302) 744-4516 if you have questions. Thank you.



Delaware Board of Nursing
861 Silver Lake Boulevard, Cannon Building, Suite 203
Dover, DE 19904-2467
Phone: (302) 744-4500

REFERENCE FORM FOR LICENSURE PURPOSES ONLY

The applicant must complete the front page of this form and forward it to all of their employer(s) who comprise the most recent six months of nursing practice. If you were a new graduate within the past year and have not been employed as a nurse for at least six months, please also send this form to your school of nursing for completion, in addition to any nursing employers. The employer/school of nursing will complete the form and return it directly to the Board office. **WE CANNOT ACCEPT THE FORM IF IT IS RETURNED BY THE APPLICANT.**

Name of Applicant _____

(Please Print) (Last) (First) (Maiden)

Applicant's Address _____

(Street) (City) (State) (Zip Code)

RN _____ LPN _____ Social Security # _____

EMPLOYER: _____ () _____
Name of Employer Telephone Number

Address

City State Zip Code

The applicant whose name appears above has applied for licensure in Delaware. Please complete this form on the reverse side and return it to the **Delaware Board of Nursing**. Thank you for your assistance.

Iva J. Boardman, RN, MSN
Executive Director

FROM: Applicant for Delaware Licensure
RE: Release Statement

As an applicant for licensure in the State of Delaware, I hereby authorize release of reference information relative to my employment/nursing education at the above named institution.

SIGNATURE: _____

DATE: _____

SECTION 6.5.1.5.1.1 of the Rules and Regulations of the Delaware Board of Nursing mandates a reference from the applicant's immediate past employer(s) for the most recent six months of nursing employment. In the event of no previous nursing employment, the reference shall be provided from the Director of the applicant's approved nursing education program. Any unsatisfactory reference shall be brought to the attention of the Board for review.

A. EMPLOYER: Please complete Section A and sign and date at the bottom of the page.

The individual named on the front of this reference request form was/is employed as an:

LPN _____ RN _____ APN _____

FROM: _____
Month/Day/Year

TO: _____
Month/Day/Year

Based upon this individual's performance, would you recommend this individual for licensure?

YES _____ **NO** _____ **CURRENTLY EMPLOYED** _____

NOTE: If you checked no, please state specifics. Your answer is a factor in determining eligibility for Delaware licensure.

OR

B. SCHOOL OF NURSING: Please complete Section B. and sign and date below.

If you were a new graduate within the past year and have not been employed as a nurse for at least six months, please also send this form to your school of nursing for completion, in addition to any nursing employers.

The individual named on the front of this reference request form completed the RN _____ or LPN _____ educational program at:

NAME OF SCHOOL: _____ GRADUATION DATE: _____

MUST BE SIGNED AND DATED

Name of Applicant _____

Name of Employer/School of Nursing _____

Name of Person Completing Form _____

Title _____ Signature _____

Telephone # _____ DATE _____

RETURN FORM BY MAIL TO: (FAXED FORMS ARE NOT ACCEPTED)

DELAWARE BOARD OF NURSING
861 SILVER LAKE BLVD, CANNON BLDG., SUITE 203
DOVER, DE 19904

EMPLOYER: HAVE YOU COMPLETED SECTION A ?

SCHOOL OF NURSING: HAVE YOU COMPLETED SECTION B?

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VERIFICATION OF ORIGINAL LICENSURE

APPLICANT: Complete top portion of this form and send to the Board of Nursing in the state which you were licensed by examination. Your original state may have a fee for processing this form, please call them before mailing. **(If your original state of licensure is Arizona, Arkansas, Colorado, Delaware, Florida, Idaho, Iowa, Maine, Maryland, Massachusetts, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia or Wisconsin, do not use this form. You will need to send the NURSYS form to NCSBN. Download the NURSYS form at www.nursys.com, or call the Board office if you need the NURSYS form and instructions.)**

STATE OF ORIGINAL LICENSURE _____ LICENSE NUMBER _____

NAME _____
Last First Middle Maiden

ADDRESS: _____
Street City State Zip Code

(NOTE: If licensed under a different name, attach copy of marriage license/divorce decree)

STOP: YOUR ORIGINAL STATE OF LICENSURE WILL COMPLETE THE REST OF THIS FORM.

NAME OF LICENSEE: _____ SOCIAL SECURITY # _____

SCHOOL OF NURSING

NAME OF SCHOOL: _____ BOARD APPROVED: ____ YES ____ NO

LOCATION: _____ YEAR OF GRAD: _____

TYPE OF PROGRAM: ADN ____ BSN ____ DIPLOMA ____ PN ____ High School Grad/GED? ____

DATE OF ORIGINAL LICENSURE _____ LICENSE NUMBER _____

CURRENTLY LICENSED: ____ YES ____ NO EXPIRATION DATE: _____

HAS LICENSE EVER BEEN DISCIPLINED? ____ YES ____ NO IF YES, PLEASE ATTACH COPY OF "DECISION & ORDER" FOR EACH ACTION.

EXAMINATION RESULTS

NCLEX/CAT: SERIES _____ DATE _____ PASS _____

SBTPE SERIES: _____ DATE _____ MED _____ OB _____ SURG _____ PEDS _____ PSY _____

I certify that the statements contained herein are true to the best of my knowledge.

Signature/Title

BOARD SEAL

Board of Nursing

Date

FORM INSTRUCTIONS

1. Only boards of nursing within the United States have access to Nursys®. If you need verification of a license for a foreign country or to an agency other than a state board of nursing, please contact your state board of nursing.
2. You **MUST CONTACT** the state where you are seeking licensure to determine which state(s) they require verification from, as boards of nursing have different requirements.

If you do not need verification of a license from one of the states listed below, **DO NOT** complete this form. Instead, follow the verification instructions of the state where you are seeking licensure. Complete this form **ONLY** if the state where you are seeking licensure requires verification from one of the states listed below.

Alaska (AK)	Kentucky (KY)	New Hampshire (NH)	Tennessee (TN)
Arizona (AZ)	Maine (ME)	New Jersey (NJ)	Texas (TX)
Arkansas (AR)	Maryland (MD)	New Mexico (NM)	Utah (UT)
Colorado (CO)	Massachusetts (MA)	North Carolina (NC)	Vermont (VT)
Delaware (DE)	Minnesota (MN)	North Dakota (ND)	Virginia (VA)
Florida (FL)	Mississippi (MS)	Ohio (OH)	West Virginia - PN (WV)
Idaho (ID)	Missouri (MO)	Oregon (OR)	Wisconsin (WI)
Indiana (IN)	Montana (MT)	South Carolina (SC)	
Iowa (IA)	Nebraska (NE)	South Dakota (SD)	

3. Please complete all sections of this form. Forms with missing information or incorrect payments will be returned. **SEND ONLY THIS FORM AND PAYMENT. ALL OTHER FORMS ARE UNACCEPTABLE.**
4. **PAYMENT:** To verify RN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify LPN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify both RN and LPN licenses, the total fee is \$60, regardless of how many states you are licensed in or how many states you are applying to.

All payments must be in guaranteed funds. **The only acceptable forms of payment are: certified checks, cashiers checks, or money orders – made payable to the NCSBN.** DO NOT SEND cash, personal checks, business checks, credit cards, or traveler's checks. **Fees are non-refundable.**
5. Please complete this form in blue or black ink. Print or type clearly. Illegible forms will be returned.
6. Verifications are entered into Nursys® in the order in which they are received at NCSBN. **The verification report will remain in Nursys® for 90 days, after which it expires.** When the Board of Nursing receives your Endorsement Application, the board will access Nursys® to verify any licenses held in the states listed in number 2 above. No paper reports are sent from NCSBN.
7. **EXPIRED REPORTS:** If your verification has expired, you must pay an additional \$30 and submit a new verification request form to NCSBN.
8. Nursys® information is updated from the participating nursing boards listed in number 2 above. A nurse who recently received a license may have to wait until the next update before the information is available in Nursys® for license verification.
9. If you have questions regarding this form, please contact the Nursys® License Verification Department at (312) 525-3780 or toll free (866) 819-1700.

***** NEW ***** Want to process your verification faster? Try our new secure Online Verification to process your verification immediately. Go to <https://www.nursys.com>